UNTF CLIENT HOUSING APPLICATION								Chapter		
1. Client a. Full Name b. Mailing Address City, State, Zip c. Telephone Number () 2. Date of Birth 3. Census No. 4. Number of persons in household								8. Type of Housing Assistance O Manufactured/Modular Home O Complete New House Bedrm O Addition x O Renovation O Trailer O Incomplete O Weatherization O Complement O Cabinets O Handicapped O Plumbing O Housewiring		
5. List household members by:							1	9. If accessing a Manufactured/Modular home, which unit or size are you asking		
	Name		Age	Relationship	Annua \$	al Income		to get? Have you arranged for financing?		
					\$			O Yes O No		
					\$]	If yes, who is your financial agency/bank?		
					\$.	Bank		
					\$			City, State		
Total family income \$							Status of Loan			
6	5. Will this house be located in Utah? O Yes O No							Name of Agent Telephone No. ()		
Please provide a description of the location or attach a map:							Telefax No. ()			
								10. Have you received assistance from UNTF before? O Yes O No If Yes, list date & type of assistance:		
7.	Do you have a d	completed homesi	te lease	e? O Ye:	s	○ No		11. Electricity to House		
	Is the selected s	site surveyed?		O Ye	s	O No		O Have electricity		
	-	ical Clearance be			S	O No		O No electric Nearest miles		
	if any of	the above is No,	explain	nere:				12. Source of Water		
								O Community System O Well		
								O Cistern Tank O Haul		
								O None Nearest miles		
	Certification: I	certify all my resp	onses a	are true and ac	curate:		<u></u>	13. Sewer Services		
								O Community System		
		s	igned					Septic Tank/Leach FieldNone Nearest miles		